

Express Mail Label No. EV463105255US

Date of Deposit: July 25, 2005

Attorney Docket No: 27374-003



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Goldstein, Lee et al.  
SERIAL NUMBER: 09/935,126 EXAMINER: Roy, Baisakhi  
FILING DATE: August 21, 2001 ART UNIT: 3737  
FOR: METHODS FOR DIAGNOSING A NEURODEGENERATIVE CONDITION

**MAIL STOP AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Boston, Massachusetts  
July 25, 2005

**AMENDMENT AND RESPONSE**

This Response and Amendment is submitted in response to the Office Action mailed March 25, 2005 in the above-identified patent application. With a one-month extension, these documents are due on or before July 25, 2005. Applicants submit herewith a Petition for a One-Month Extension of Time, along with the appropriate fee. Thus, Applicants believe no additional fees are due in connection with this filing. However, the Commissioner is hereby authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 27374-003.

Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

# BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09899-515

### CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20=	13
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

7-2505

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			
	Total	Minus	..	33	= 3
	Independent	Minus	...	1	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			
	Total	Minus	..		=
	Independent	Minus	...		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			
	Total	Minus	..		=
	Independent	Minus	...		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	117
X40=	40
+135=	
TOTAL	512

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY